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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU030273	
	First Named Inventor		Alexandros Tourapis, et al.
	COMPLETE IF KNOWN		
	Application Number	/	
	Filing Date		
	Group Art Unit		
Examiner Name			

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VIDEO COMFORT NOISE ADDITION TECHNIQUE

the specification of which (Title of the Invention)

☐ Is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 9-21-2004 as United States Application Number or PCT International

Application Number PCT/US04/30745 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/505,254	September 23, 2003	

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.


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DECLARATION — Utility or Design Patent Application

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Name	JOSEPH S. TRIPOLI				
Address	Thomson Licensing Inc.				
Address	PO Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	(609-734-6834	Fax	(609) 734 -6888
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	ALEXANDROS KICHAEL AMT		Family Name TOURAPIS or Surname		
Inventor's Signature	 Alexandros Tourapis			Date	11/03/04
Residence: City	WEST WINDSOR	State	NEW JERSEY	Country	US
Citizenship	GREEK				
Mailing Address					
Mailing Address 20212 Heather Drive					
City	West Windsor	State	New Jersey	ZIP	08550
Country	US				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	JILL MACDONALD		Family Name BOYCE or Surname		
Inventor's Signature				Date	
Residence: City	MANALAPAN	State	NEW JERSEY	Country	US
Citizenship	US				
Mailing Address					
Mailing Address 3 Brandywine Court					
City	Manalapan	State	New Jersey	ZIP	07726
Country	US				
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Address		Thomson Licensing Inc.			
Address		PO Box 5312			
City		State		ZIP	
PRINCETON		NJ		08543-5312	
Country		Telephone		Fax	
USA		(609-734-6834)		(609) 734 -6888	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
ALEXANDROS MICHAEL		TOURAPIS			
Inventor's Signature					Date
Residence: City		State		Country	
WEST WINDSOR		NEW JERSEY		US	
Citizenship		GREEK			
Mailing Address					
Mailing Address 20212 Heather Drive					
City		State		ZIP	
West Windsor		New Jersey		08550	
Country		US			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
JILL MACDONALD		BOYCE			
Inventor's Signature		Date			
<i>Jill MacDonald Boyce</i>		10/28/04			
Residence: City		State		Country	
MANALAPAN		NEW JERSEY		US	
Citizenship		US			
Mailing Address					
Mailing Address 3 Brandywine Court					
City		State		ZIP	
Manalapan		New Jersey		07726	
Country		US			
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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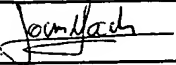


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DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOAN		LLACH	
Inventor's Signature 		Date 10/27/04	
Residence: City PRINCETON	State NEW JERSEY	Country US	Citizenship SPAIN
Mailing Address			
Mailing Address 25C Chestnut Court			
City Princeton	State New Jersey	ZIP 08540	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	Herewith
	First Named Inventor	Alexandrous Tourapis
	Title	VIDEO COMFORT NOISE ADDITION TECHNIQUE
	Art Unit	
	Examiner Name	
	Attorney Docket Number	PU030273

I hereby appoint:

☒ Practitioners at Customer Number **Customer Number 24498**
OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

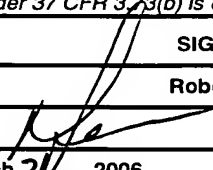
Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:
OR
☐ The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph J. Laks, Patent Operations				
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City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA				
Telephone	609-734-6834	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record			
Name	Robert B. Levy, Registration No. 28,234		
Signature			
Date	March 27, 2006	Telephone	609-734-6820

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 3 forms are submitted.

**POWER OF ATTORNEY
THOMSON LICENSING**

We,

THOMSON LICENSING
46, Quai A. Le Gallo
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do hereby grant

Joseph J. Laks
Vice President
Thomson Licensing Inc.
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Princeton, New Jersey 08540

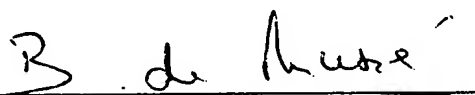
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DATED this ____ 14th ____ day of __February__, in the year 2006.

Signature:

Typed Name As Signed:

Title:


Béatrix de Russé
Authorized Representative,
Vice-President Intellectual Property & Licensing

THOMSON LICENSING

**POWER OF ATTORNEY
THOMSON LICENSING**

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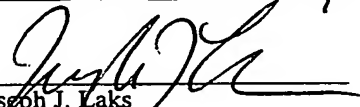
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Ronald H. Kurdyla - Sr. Patent Counsel/Manager
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Princeton, New Jersey 08540

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DATED this 27th day of February, 2006.

SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS

